

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILED DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51		/		
2							52		/		
3							53	/			
4							54		/		
5							55		/		
6							56		/		
7							57	/			
8							58		/		
9							59		/		
10							60	/			
11							61		/		
12							62		/		
13							63	/			
14							64		/		
15							65		/		
16							66		/		
17							67		/		
18							68	/			
19							69		/		
20							70		/		
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38							88				
39							89				
40							90				
41							91				
42							92				
43	/						93				
44		/					94				
45		/					95				
46		/					96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				